AMENDMENTS TO THE SPECIFICATION

Please replace paragraph **[0029]** with the following:

[0029] Figures 7A-[[F]]G depict exemplary method steps utilizing an exemplary tunnel port apparatus, according to the teachings of the present invention;

Please replace paragraph **[0055]** with the following:

[0055] Turning to Figures 7A-[[F]]G, an exemplary method of use for the disclosed apparatus is depicted. Firstly, a pneumoperitoneum is created and a laparoscope (not shown) is inserted at an abdominal wall location remote from the designated peritoneal dialysis catheter insertion site, using standard laparoscopic surgical methods (see "A Laparoscopic Approach Under Local Anesthesia for Peritoneal Dialysis Access", Crabtree, J. H. and Fishman, A., in Peritoneal Dialysis International, vol. 20 pp. 757765, for example). At the designated catheter insertion site, the fascia of the rectus abdominus muscle is exposed through an incision 66 in the skin 69 and subcutaneous tissues. The apparatus in its procedure-ready state is shown in Figure 1. The hollow core guideneedle 50 of the apparatus is inserted perpendicular to the abdominal wall through the anterior layer of the muscle fascia 68 (Figure 7A). The density of the fascia offers sufficient resistance that the sharp beveled tip 51 of the hollow core guideneedle 50 becomes exposed and permits penetration. The underlying muscle tissues 70 offer minimal resistance and the solid core obturator needle 52 springs back to cover the sharp beveled tip 51. The hollow core guideneedle 50 is advanced through the rectus muscle in perpendicular fashion. The blunt tip of the solid core obturator needle 52 is easily seen through the laparoscope as it tents down the posterior fascia 72 of the rectus muscle. The hollow core guideneedle 50 is then angled toward the pelvis and advanced with the blunt tip of the solid core obturator needle 52 observed laparoscopically as it is easily slid down the posterior fascia 72 of the rectus muscle (Figure 7B). When the desired tunnel length 76 within the rectus fascial sheath has been obtained, from about 4 to 12 cm, preferably from about 7 to 10 cm, the hollow core guideneedle 50 is angled toward the

peritoneal cavity. Pressure on the posterior fascia 72 and peritoneum causes the sharp beveled tip 51 of the hollow core guideneedle 50 to become exposed and permits entry into the peritoneal space. The hollow core guideneedle 50 has established a long oblique tunnel through the muscular abdominal wall.

Please replace paragraph **[0058]** with the following:

[0058] The peritoneal dialysis catheter 78 having cuffs, as shown at 80, straightened with a stylet provided by the manufacturer (not shown), is advanced through the port cannula's 12 hollow tube 20 under laparoscopic control (Figure ~~7E~~ 7F). After satisfactory placement of the dialysis catheter 78, the port cannula 12 (and hollow tube 20) and stylet are withdrawn. Exiting the catheter through a small skin incision, removing the laparoscopic instruments, and closing the wounds using standard surgical techniques for implanting peritoneal dialysis catheters (see, "A Laparoscopic Approach Under Local Anesthesia for Peritoneal Dialysis Access", Crabtree, J. H. and Fishman, A., in Peritoneal Dialysis International, vol. 20 pp.757-765) completes the procedure (Figure ~~7F~~ 7G).